| ···· <u>-</u> ·· | | | | |
|--|---|---|--|--|
| 1 LOCATION OF WATER WELL: | Fraction | Section Number | Township Number | Range Number |
| County: ELLIS | NW 1/4SW 1/4 SW1/4 | 26 | 14 | 18 |
| Distance and direction from no | earest town or city stree | t address of well if | located within city? | |
| 2 WATER WELL OWNER: | MIKE HERTEL | | | |
| L RR#, St. Address, Box #: City, State, ZIP Code : | 1006 w 39th HAYS KS 67601 | Board of Agri Application N | culture, Division of umber: | Water Resources |
| 3 MARK WELL'S LOCATION WITH | 4 DEPTH OF WELL | 360 | ft. | |
| ├ AN "X" IN SECTION BOX: | WELL'S STATIC WAT | ER LEVEL | ft. | |
| | WELL WAS USED AS: | | | |
| N W N E | 1 Domestic 2 Irrigation 3 Feedlot E 4 Industrial | 6 Oil Field Water 7 Lawn and Garden | ply 9 Dewaterin Supply 10 Monitorin Only 11 Injection 12 Other | |
| S W S E | Was a chemical/bact If yes, mo/day/yr s | eriological sample s ample was submitted. | ubmitted to Departmen | t? YesNo.X. |
| S | Water Well Disinfec | ted: Yes No.2 | · | |
| 5 TYPE OF BLANK CASING USED: | 1 | | | |
| 1 Steel 3 RMP (SR) 5 Wi 2 PVC 4 ABS 6 As Blank casing diameter Casing height above or belo |) in. Was casing | ete Tile pulled? Yes | NONE | much |
| 6 GROUT PLUG MATERIAL: 1 Nea | at cement 2 Cement gro | ut 🗷 Bentonite | 4 Other | |
| □ Grout Plug Intervals: F | om.360.ft. to60ft | ., From. 60. ft. to | o .Qft., From | toft. |
| What is the nearest source | of possible contamination | n: | | |
| 1 Septic tank2 Sewer lines3 Watertight sewer lines4 Lateral lines5 Cess Pool | 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard | | ge age well | ecify below) |
| Direction from well? | | How many feet? | | |
| FROM TO F | PLUGGING MATERIALS | WELL D | RILLED BY SOMEO | NE EDOM |
| 360 60 BENTONI | TE SLURRY | į. | BEND, KS, AND LEF | |
| 60 0 BENTONI | TE CHIPS | | NO WATER WATER | |
| | | | | |
| | | | | |
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| | | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S on (mo/day/year) | SCERTIFICATION: This wate 1-18-02 and this reco cense No. 444 under the business nam | r well was plugged u rd is true to the be This Water Well e of ANDY AN | nder my jurisdiction st of my knowledge an Record was completed DERSON DRILLING | and was completed d belief. Kansa: on (mo/day/year |

INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records.